

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008175

FILED  
Apr 26, 2007  
Secretary of State

**Entity Name:** HURTING AND WAITING TO BE HEALED MINISTRIES, INC.

**Current Principal Place of Business:**

P. O. BOX 1438  
BOYNTON BEACH, FL 334251438 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1438  
BOYNTON BEACH, FL 334251438 US

**New Mailing Address:**

**FEI Number:** 20-3278494

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAYS, ANTHONY  
1291 SOUTHWEST 28TH AVENUE  
BOYNTON BEACH, FL 334251438 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FORREST, DOROTHY  
Address: 2591 NW 1ST STREET  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: S, ( ) Delete  
Name: HEMINGWAY, JACQUELYN  
Address: 6406 PINESTEAD DRIVE, #1820  
City-St-Zip: LAKE WORTH, FL 33463

Title: T ( ) Delete  
Name: JONES, MARSHA  
Address: 2160 NE 1ST LANE  
City-St-Zip: BOYNTON BEACH, FL 33435

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY FORREST

P

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date